

EXHIBIT 7

Form 1.06/1

FLORIDA TRANSFORMER, INC.**INDUCTION PROCEDURE
NEW ASSOCIATE**Name Neal Thompson Date _____Dept. Transportation Date Employed 08/30/2004**SUPERVISOR CHECK LIST:****II. First Day**

Introduce yourself – Give your name, position and get his/her name (actual) and name he/she wishes to be called by:

Neal Thompson

Name

Extend a cordial welcome to Company & Department

Show where to hang extra clothing – discuss clothes to wear for safety and comfort.

Show location of vending machines. Explain news center / bulletin board usage.

Show restrooms – (Use properly, keep clean, no smoking or eating).

Explain smoking restrictions.

Explain hours and days of work – Stress importance of working regularly.

Review how to report necessary and unexpected absences.

Phone 347-6343-945 - Mr. Mrs. Clorette Thompson

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